. (Requestor's Name)
· ·
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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COVER LETTER

	Registration Se Division of Cor			
eup ira	Tally Pro F	urniture Repair, LLC		
SUBJE.C	CT:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		Darrell Yates		
			Name of Person	
	Þ	Tally Pro Furniture Repair		
			Firm/Company	
		5423 Blackberry Lane		
			Address	
		Tallahassee, FL 32311		
			City/State and Zip Code	, . <u></u>
		tallyprofurniture@gmail.co		
For furth	er information c	oncerning this matter, please of	to be used for future annual report not all:	mreauon)
Darrell \			850 354-1210 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
≡ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tally Pro Furniture Repair, LLC		
(<u>Name of the Limited Liab</u> (A Flori	l <mark>ity Company as it now appears on our reco</mark> l da Limited Liability Company)	rd <u>s.</u> }
The Articles of Organization for this Limited Liability	Company were filed on 12/11/2023	and assigned
Florida document number 1.23000545508	.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		74 HA 77
(Principal office address MUST BE A STREET ADD	ORESS)	7
Enter new mailing address, if applicable:		9:3 5:74:8
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Carlo Charles and Charles	
	Enter Florida street addi	VAS.
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Tammy Bozeman	3107 Hotchkiss Lane	□Add
		Tallahassee, FL 32303	■Remove
			Change
mt-R	Darrell Yates	5423 Blackberry Lane	■Add
		Tallahassee, FL 32311	🗀 Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	date of filing: _ the specific and car ock does not mee	inot be prior to t the applicab	date of filing or mor	(optio e than 90 days after t requirements, this	iling.) Pursuant to 605.	,0207 (3 ed as th
ne record specifies a delayed effective ord is filed.	date, but not an	effective time	e, at 12:01 a.m. on	the earlier of; (b)	The 90th day after	the
		2024				
Dated March 4		.024				
Dated March 4	· -)	a member		